

REMARKS

Applicant has amended the present application to transform allowable claim 20 into independent form and has amended the other claims to depend on claim 20. Claims 8-13 and 17-18 have been cancelled without prejudice or disclaimer. Allowance is requested.

Fee Authorization

Should any fee be necessary for this submission, the Commissioner is hereby authorized to charge **Deposit Account No. 01-2213 (order no. 5094)**. Any deficiency or overpayment should be charged or credited to this deposit account.

Respectfully submitted,

Date: July 2, 2008

/Phil Makrogiannis/

Phil N. Makrogiannis

Reg. No. 47,766

Attorney for Applicants

CORRESPONDENCE ADDRESS

Customer Number: 22896

APPLERA CORPORATION

Applied Biosystems Group

850 Lincoln Centre Drive

Foster City, California 94404

TEL: 650-554-2164

FAX: 650-638-6677